



**LICENSED DAY CARE/GROUP DAY CARE HOME**

**INSTRUCTIONS:** Record each child's name (including the provider's own children under eleven years of age), date of birth and the days in care. **Draw a line from the time the child arrives to the time the child leaves.** All information must be complete.

Name of Facility exactly as it appears on the license

License Number

County

Street Address

City

Zip Code

Name of Child Including First and Last Name	Date of Birth	Day(s) of Week	6:00 AM	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00 Noon	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	MIDNIGHT		
Example Jane Doe	7:30 AM 4:30 PM	2/08/76	MTWThF				<	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	>																	

The attest that the above information is true and correct.

Provider's Signature

Date